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# Help Seeking in Men: When Masculinity and Self-Compassion Collide

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Sports are known to enculturate men in traditional masculinity. Importantly, conformity to such norms is associated with less help seeking, particularly for mental health concerns. The present study furthers the understanding of help seeking in men by addressing the relationships between conformity to masculine norms and self-compassion across intercollegiate athletes ( $n = 94$ ) and a comparison group ( $n = 72$ ). Results showed that intercollegiate athletes were more likely to endorse masculine norms (Cohen's  $d = 1.01$ ) and scored higher on self-compassion (Cohen's  $d = 0.32$ ) than the comparison group. Replicating past research, results also showed that conformity to traditional masculinity norms predicted less favorable attitudes toward help seeking because of self-stigma,  $p < .001$ . New to the literature is the finding that, independent of masculinity, self-compassion predicted more positive attitudes toward help-seeking for intercollegiate athletes but not the comparison group. These findings highlight 1 potential avenue for boosting help seeking among men.

*Keywords:* masculinity, self-compassion, help-seeking, intercollegiate athletes

Approximately one in five adults in the United States suffer from a mental illness (National Institute of Mental Health, 2014) and despite comparable needs (Wahto & Swift, 2016), women tend to use mental health services more than men do (e.g., Goodwin, Hoven, Lyons, & Stein, 2002). Given that in the United States, men take their own lives at almost four times the rate that women do (National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2015), there is a need to address the mental health concerns of men and overcome men's reluctance to seek help (e.g., Courtenay, 2000; Galdas et al., 2005; Mansfield, Addis, & Mahalik, 2003; Yousaf, Grunfeld, & Hunter, 2015). To address this issue, many researchers focus on people's attitudes toward accessing mental health services and find that men hold less favorable attitudes compared to women (e.g., Komiya, Good, & Sherrod, 2000; Leong & Zachar, 1999; Nam et al., 2010). Importantly, what appears to drive the differences between men and women's attitudes toward seeking psychological help is gender norms (Nam et al., 2010). Thus, in the present study, we focus on traditional masculinity of the Western world as a predictor of men's attitudes toward seeking help for mental health issues. Furthermore, we examine individual differences in one's tendency to be kind and caring toward one's self especially in times of distress (self-compassion; Neff, 2003b) as a potential mitigating factor in contexts that promote and foster masculinity. We begin by providing background information on the role of masculinity in

inhibiting men's help seeking and argue that self-compassion may contribute to the understanding of the nature of this relationship in some contexts. In support of our position, we present data from intercollegiate athletes and a comparison group.

## Masculinity as a Barrier to Help Seeking

Several researchers including Addis and Mahalik (2003) contend that one important barrier to help seeking for men is their adherence to the traditional masculine gender role. Although there is no singular definition for what a man is and the concept of masculinity (and therefore masculine norms) varies between societies, cultures, even ages, classes, ethnicities, and sexual orientations, traditional masculinity remains widely accepted as the ideal that men in Western cultures should adhere to (e.g., Brannon, 2004). *Traditional masculinity* refers to the idea that men are dominant, independent, aggressive and stoic (e.g., Connell & Messerschmidt, 2005) and typically encompasses four key elements including the shunning of femininity, the need to be powerful, self-sufficiency, and aggression/dominance (David & Brannon, 1976).

Traditional masculinity is conveyed in a variety of contexts (Addis & Mahalik, 2003) and sport is an especially potent arena for the socialization of men and the indoctrination of masculine norms (Foley, 2001; Messner, 1990, 1992; Messner & Sabo, 1990). As described elsewhere (see Messner, 1990, 1992; Messner & Sabo, 1990), sports provide an opportunity for men to learn what it means to be a man and how to behave as a man. Thus, sport contributes to the construction of gender identity (Kimmel, 2008) and different sports may differentially socialize and indoctrinate men (Gage, 2008). Specifically, masculinity appears to be promoted and valued within sports that involve purposeful and forceful hitting or collision (e.g., football; Messner, 1990). For example, J. A. Steinfeldt, Foltz, et al. (2011) showed that coaches of American college football viewed the sport as an arena in which to impart masculine norms. Moreover, some research suggests that men who participate in noncollision or individual sports are less

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likely to endorse traditional masculinity (Uchacz, 1994). Interestingly, much of the research that examines masculine norms within the sporting arena often focus on collision sports including football (e.g., J. A. Steinfeldt & Steinfeldt, 2012; J. A. Steinfeldt, Foltz, et al., 2011; M. Steinfeldt & Steinfeldt, 2012), rugby (e.g., Hutchins & Mikosza, 1998), and boxing (Matthews, 2015). Although there is variation in exactly what norms are emphasized to players and even variation in the extent to which players adopt those norms, this research highlights that sport is an important arena for the socialization of the male gender role. Thus, in the present study we recruited intercollegiate athletes who reported playing on collision sports teams because this was one context known to foster traditional masculinity.

Empirical evidence highlights the influence of gender identity, and specifically traditional masculine identity, for behavior and emotional regulation (e.g., Seidler, 1997). Traditional masculinity is important insofar as endorsement of norms predicts less favorable attitudes toward help seeking (e.g., Addis & Mahalik, 2003; Galdas et al., 2005; Jeffries & Grogan, 2012; McCusker, & Galupo, 2011; Yousaf et al., 2015; Yousaf, Popat, & Hunter, 2015), in part, because the traits and attitudes important in help seeking are antithetical to the norms and values associated with masculinity (Addis & Mahalik, 2003). Indeed, the socialization of gender has often been used to explain discrepancies in help seeking between men and women (e.g., Addis & Mahalik, 2003). Given that help seeking, especially for mental health concerns, may be counter to what is expected for men, some researchers like J. A. Steinfeldt and Steinfeldt (2012) proposed that men who endorse masculine norms are likely to incorporate stereotypes associated with help seeking into their own self-concepts. J. A. Steinfeldt and Steinfeldt provided evidence in a sample of American College football players that adherence to traditional masculinity is positively related to stigma for mental health concerns. This stigma may include viewing help seeking as a weakness and or as feminine (e.g., Lucksted & Drapalski, 2015).

The idea that masculinity is associated with stigmatization was further explored by Vogel et al. (2011). Using a convenience and diverse sample of American men, Vogel et al. reported that the relationship between masculinity and attitudes toward counseling was explained, in part, by self-stigma. In other words, men who endorsed traditional masculine norms were more likely to self-stigmatize and were also more likely to hold less favorable attitudes toward help seeking. Thus, in the present study, we focus on self-stigmatization as a possible explanation for why traditional masculinity predicts less favorable attitudes toward help seeking. Although this review potentially suggests that masculine norms engendered within sports is problematic insofar as they inhibit men's help seeking, we also see value in the sporting arena for the promotion of self-compassion.

### Self Compassion

In line with positive psychology, Neff (2003a, 2003b, 2009) introduced the concept of self-compassion as a predisposition to treating the self the same as one might treat a friend in need. Thus, *self-compassion* refers to the tendency to be kind and accepting of one's self particularly when one has failed. Neff (2003b) proposed that self-compassion comprised three components including self-kindness, common humanity, and mindfulness (Neff, 2003b). *Self-*

*kindness* refers to extending kindness to one's self much as one might toward others and is particularly beneficial when experiencing failure. *Common humanity* is the recognition that people are part of a larger group and everyone experiences successes and failures. The *mindfulness* component of self-compassion refers to an awareness of one's present state without over identifying with negative emotions. Together these three components merge into an accepting and forgiving attitude toward the self.

A large literature now exists that demonstrates that variations in self-compassion correspond to psychological outcomes. For example, self-compassion has been shown to be associated with lower levels of depression and anxiety (Neff, 2012), higher levels of optimism and happiness (Neff, Kirkpatrick, & Rude, 2007), and overall greater life satisfaction (Neff, Pisitsungkagarn, & Hsieh, 2008). In addition, those higher in self-compassion are apt to have a realistic perspective toward their problems and weaknesses (Neff et al., 2007) and tend not to deny their problems (Neff, 2012). Indeed, in situations when people high in self-compassion perceive failures, they appear to be accepting of their circumstances but also motivated to change what they can (Leary, Tate, Adams, Allen, & Hancock, 2007).

Interestingly, a recent meta-analysis confirmed the finding reported in several studies that men tend to score higher in self-compassion than women do (Yarnell et al., 2015). The reasons for this gender difference are unknown. Although there is a lack of research examining the everyday contexts in which self-compassion is fostered, we speculate that involvement in sports may contribute to its development. Our rationale is based on research showing that self-compassion is linked to one's motivation to improve (Breines & Chen, 2012), the desire to reach one's full potential (Neff et al., 2007), and an increased willingness to try after failure (Neely, Schallert, Mohammed, Roberts, & Chen, 2009). Thus, the research demonstrates that individuals' self-compassion levels predict the psychological and social benefits often found in team sports (Eime, Young, Harvey, Charity, & Payne, 2013). Given that men often outnumber women in their participation with team sports (Deaner et al., 2012), it is possible that this venue promotes self-compassion and accounts for differences between men and women in self-compassion levels.

Interestingly, although we suggest that sports teams may foster self-compassion, as noted earlier sports are also an arena that fosters masculinity and conformity to traditional masculine norms, which is negatively associated with self-compassion (Reilly, Rochlen, & Awad, 2014). Because a forgiving openness to failure is an important element of self-compassion, and masculinity is driven toward ideals of success and resilience, the two constructs may be at odds (Reilly et al., 2014). At the same time, the team aspect of many sports may foster greater emotional openness (Kimmel, 2008) and openness with other men (J. A. Steinfeldt, Wong, Hagan, Hoag, & Steinfeldt, 2011), attributes that appear to be consistent with the conceptualization of self-compassion. One outstanding question concerns the interplay of self-compassion and masculinity within the sport context; it is unknown whether sports teams foster self-compassion, and, if they do, whether self-compassion impacts conformity to traditional masculinity or mitigates the negative outcomes associated with it.

## Overview of the Present Study

We undertook the present study to gain a better understanding of the role of masculine norms and self-compassion in men's help seeking for mental health. To examine this issue, we recruited two groups of men (intercollegiate athletes vs. a comparison group) and we specify three goals. First, we were interested in the differences between the two groups of men and hypothesized that intercollegiate athletes would score significantly higher on an index of masculine norms compared to men who do not play sports. Unlike Vogel et al. (2011) we assessed several aspects of masculinity thereby allowing us to explore where exactly differences between the two groups occurred.

Second, we were interested in why masculinity predicts less help seeking. Past research (e.g., Vogel et al., 2011) shows that masculinity relates to more negative attitudes toward help seeking, in part, because of the tendency to incorporate stereotypes of those who suffer mental health issues. Thus, we hypothesized that self-stigma would mediate the relationship between masculinity and the propensity to seek help for mental health issues.

Third, we were interested in discerning the role of self-compassion in help seeking. We first expected that significant differences between the two groups would emerge such that intercollegiate athletes would score higher on self-compassion than the comparison group would. However, we were particularly interested in whether self-compassion would moderate the impact of masculinity and sport on help seeking. Thus, we expected that self-compassion would be particularly beneficial to men involved in intercollegiate team sports.

## Method

### Participants and Procedure

This study and consent procedures were approved in accordance with Mount Allison University (REC Reference: #2015-029). The sample comprised male volunteers attending a small Atlantic Canadian university. To recruit participants, a three pronged approach was used to ensure adequate representation from sport teams. We identified football, rugby, and lacrosse as sports offered at our institution that we classified as collision sports because they involve intentional and forceful collision as defined by Rice and the American Academy of Pediatrics Council on Sports Medicine and Fitness (2008). First, through an online recruitment tool, men enrolled in introductory psychology were invited to participate in return for course credit. Second, men enrolled in a variety of clubs and societies on campus were invited to complete the survey in return for two scratch-and-win lottery tickets (valued at 1.00 CD) if they were not enrolled in introductory psychology. Third, coaches of sports teams (e.g., lacrosse, football) facilitated participation from players following a weekly practice session whereby all players received a copy of the survey and completed it under the supervision of the researchers. To ensure that players were not coerced, a crossword puzzle was included in the survey and players could choose to complete this puzzle rather than the survey so that their choice to not complete the survey remained unknown to their teammates and coaches.

A total of 166 men completed the survey with 94 men indicating they were currently a member of an intercollegiate sports team and

72 men not currently a member. The average age was 19.46 years ( $SD = 1.44$ ) for the 164 men who reported age. Of the 165 men who indicated their ethnicity, the majority of the sample (74.55%,  $n = 123$ ) identified as Caucasian with 10.3% ( $n = 17$ ) indicating African heritage. Of the 131 men who indicated sexual orientation, 123 (93.4%) identified as heterosexual. Following consent, all men completed the paper and pencil survey in groups and six different ordering of the measures were used.<sup>1</sup>

## Materials

**Demographics and sports participation.** Men were first asked to indicate their age, ethnicity, and sexual orientation. Men also indicated the formal sports teams they currently belonged to. If a participant indicated that he currently played football, rugby, or lacrosse on a formal team, he was classified as an intercollegiate athlete whereas a participant who indicated he was not currently on a formal intercollegiate sports team was classified as being in the comparison group.

In addition to indicating sports participation, participants completed the first three items from the four-item Godin Leisure-Time Exercise Questionnaire (Godin & Shephard, 1997). These three items assess the frequency of mild, moderate and strenuous physical activity in a typical week and responses are multiplied by 3, 5, and 9, respectively, and then summed to yield a total leisure activity score. Evidence that this questionnaire is useful for classifying people as active versus inactive comes from Godin and Shephard (1985) in a Canadian sample.

**Masculinity.** A short form (Parent & Moradi, 2009) of the Conformity to Masculine Norms Inventory (CMNI; Mahalik et al., 2003) was used to assess participants' personal adherence to traditional, Western masculine norms. Respondents indicate their extent of agreement to 46 items (e.g., "I hate asking for help"; "I never share my feelings") on a scale from 0 (*strongly disagree*) to 3 (*strongly agree*). The summing of responses yields a total score and items reflect nine subscales including Winning (six items), Emotional Control (six items), Risk-Taking (five items), Violence (six items), Playboy (four items), Self-Reliance (five items), Primacy of Work (four items), Power over Women (four items), and Heterosexual Self-Presentation (six items). Evidence of its psychometric properties was provided by Parent and Moradi (2011) in a sample of American college-aged men.

**Self-stigma.** The Self-Stigma of Seeking Help Scale (Vogel, Wade, & Haake, 2006) was used to measure participants' levels of stigma toward personally seeking psychological help. Participants indicate their extent of agreement with 10 statements (e.g., "I would feel inadequate if I went to a therapist for psychological help") on a scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Summed responses yield scores ranging from 10 to 50 with higher scores indicating greater self-stigma. Pederson and Vogel (2007) provide evidence of its psychometric properties in a sample of college men.

**Attitudes toward seeking help.** To assess participants' attitudes toward getting professional help for psychological issues, the Inventory of Attitudes toward Seeking Mental Health Services (Mackenzie, Knox, Gekoski, & Macaulay, 2004) was used. Participants indicate the extent to which they agree with each of 24

<sup>1</sup> There were no differences across ordering of the measures.

items on a scale from 0 (*disagree*) to 4 (*agree*). Responses are summed with a possible range from 0 to 96 with higher scores indicating more positive attitudes toward help seeking. Yousaf et al. (2015) reported high internal consistency with Cronbach's alpha being .89 and Mackenzie et al. reported test-retest reliability of  $r = .85$  in Canadian undergraduate students over three weeks. Importantly, in addition to the total scores that are derived from responses, three separate subscale scores can also be generated. The three subscales include psychological openness, help seeking, and indifference to stigma. *Psychological openness* reflects the extent to which one acknowledges psychological problems and is receptive to seeking professional help (eight items; e.g., "People should work out their own problems; getting professional help should be a last resort"). *Help seeking* refers to the extent to which people are willing and able to seek professional help (six items; "It would be relatively easy for me to find the time to see a professional for psychological problems"). Lastly, *indifference to stigma* reflects the extent to which people are concerned about others' stigmatization (e.g., eight items; "I would not want my significant other (spouse, partner, etc.) to know if I were suffering from psychological problems;" reverse scored). Given that using the overall score would maximize relationships between self-stigma and help seeking, we opted to focus on the help seeking subscale in our primary analyses.

**Self-compassion.** To index self-compassion, participants completed Neff's (2003a) 26-item self report scale. Participants respond to each item (e.g., "I'm tolerant of my own flaws and inadequacies") on a scale from 1 (*almost never*) to 5 (*almost always*). Scores are averaged such that they can range from 1 to 5 with higher scores indicating more self-compassion. Although the scale can be further divided into six subscales, consistent with other studies examining self-compassion (Neff & McGehee, 2010) we focused on the global score in our analyses.

**Depression.** Given that previous research shows that being depressed can also inhibit help seeking (e.g., Good & Wood, 1995), we included an index of depression to control for individuals' standings in subsequent analyses. The revised Center for Epidemiological Studies Depression Inventory (CESD-R; Eaton, Smith, Ybarra, Muntaner, & Tien, 2004) was based on Radloff's original (1977) scale. Participants respond by indicating the frequency of 20 items (e.g., "I lost interest in my usual activities") using a scale from 1 (*not at all or less than 1 day*) to 4 (*nearly every day for 2 weeks*). Responses are summed, with a range of 0–80 and higher scores indicate more depressive symptoms. The scale has been shown to be reliable (Van Dam & Earleywine,

2011), with a more accurate detection of depression than the CES-D while still retaining a high correlation to the original scale (Eaton et al., 2004).

## Results

We began by comparing the two groups of men on demographic variables. Intercollegiate athletes ( $M_{age} = 19.91$ ,  $SD = 1.54$ ) were older than those in the comparison group ( $M_{age} = 18.88$ ,  $SD = 1.06$ ), and the difference of 1.04 (95% confidence interval [CI] [0.62, 1.46]) was significant,  $t(162) = 4.89$ ,  $p < .001$ ,  $d = 0.76$ . The two groups also differed in terms of ethnicity with 33% of intercollegiate athletes and 15% of the comparison group indicating nonwhite ethnicity,  $\chi^2 = 9.49(2)$ ,  $p = .009$ . In addition, whereas 5% of the comparison group described themselves as nonheterosexual, no intercollegiate athlete did,  $\chi^2(2) = 3.72$ ,  $p = .054$ . Not surprising, the two groups differed in terms of physical activity as indexed by scores on the Godin Leisure-Time Exercise Questionnaire where intercollegiate athletes ( $M = 71.05$ ,  $SD = 25.99$ ) scored higher than the comparison group ( $M = 53.76$ ,  $SD = 39.31$ ) and the difference of 17.28 (95% CI [7.26, 27.31]) was significant,  $t(164) = 3.4$ ,  $p = .001$ ,  $d = 0.52$ . In Table 1, we report descriptive statistics and intercorrelations among key variables for all participants. As can be seen in the diagonal of Table 1, internal consistency reliabilities for all scales used were acceptable in the present sample. Importantly, the correlations shown demonstrate that higher scores on masculinity correspond to less help seeking, less openness to seeking services, less indifference to public stigma and more self stigma. Higher self-compassion scores were also related to more help seeking but not related to scores on masculinity.

Using independent  $t$  tests, scores on key variables were compared across the two groups (intercollegiate athletes vs. comparison group). The results are presented in Table 2. Relevant to the present study is the finding that intercollegiate athletes scored higher on masculinity and lower on willingness to seeking help compared to men not playing intercollegiate sports. Also consistent with our hypotheses, results showed that men who played sports scored higher on self-compassion than men in the comparison group. In addition, men who played sports reported being significantly less depressed than those in the comparison group.

Given the results presented in Table 2, we were interested in isolating the differences between intercollegiate athletes and the comparison group on masculinity. Thus, a comparison of the two groups across the nine subscales of the CMNI was undertaken with

Table 1  
Descriptive Statistics and Intercorrelations Among masculinity, Self-stigma, Help-Seeking and Depression ( $N = 166$ )

Variable	$M$ ( $SD$ )	1	2	3	4	5	6	7
1. Masculinity	66.55 (13.24)	.86						
2. Self-stigma	25.56 (7.43)	.38 [.24, .50]	.87					
3. Help seeking	15.01 (3.87)	-.24 [-.38, -.09]	-.43 [-.54, -.29]	.70				
4. Openness	15.96 (5.34)	-.47 [-.58, -.35]	-.53 [-.62, -.41]	.35 [.21, -.48]	.66			
5. Public stigma	20.14 (6.48)	-.37 [-.49, -.23]	-.66 [-.74, -.57]	.33 [.18, .46]	.51 [.38, -.61]	.82		
6. Self-compassion	2.97 (.65)	-.05 [-.20, .10]	-.40 [-.52, -.26]	.21 [.06, .35]	.11 [-.05, -.26]	.30 [.15, .43]	.91	
7. Depression	17.79 (14.21)	.07 [-.09, .22]	.17 [.02, .31]	-.12 [-.27, .03]	-.12 [-.27, .03]	-.24 [-.38, -.09]	-.52 [-.62, -.40]	.93

Note. Help seeking, Openness, and Public stigma are the three subscales from the Inventory of Attitudes toward seeking mental health services. Cronbach's alphas are presented in italics along the diagonal. Correlations  $> .15$  are significant at the .05 level, 95% confidence intervals reported in brackets.

Table 2  
A Comparison Across Intercollegiate Athletes and a Comparison Group

Variable	M (SD)		Difference [95% CI]	t-value (df)	Cohen's d
	Intercollegiate athletes (n = 94)	Comparison group (n = 72)			
Masculinity	71.74 (10.50)	59.68 (13.44)	12.06 [8.39, 15.74]	6.48 (163)*	1.01
Self-stigma	25.76 (6.99)	25.32 (7.99)	.44 [-1.89, 2.76]	.37 (161)	.06
Help seeking	14.30 (4.04)	15.94 (3.46)	1.65 [.47, 2.2]	2.77 (164)*	.43
Openness	15.46 (4.63)	16.63 (6.12)	1.18 [-.48, 2.83]	1.41 (163)	.22
Public stigma	19.80 (5.71)	20.59 (7.39)	.80 [-1.22, 2.82]	.78 (162)	.12
Self-compassion	3.06 (.62)	2.85 (.68)	.21 [.01, .41]	2.04 (162)*	.32
Depression	15.48 (13.15)	20.67 (15.05)	5.19 [.71, 9.67]	2.32 (158)*	.37

Note. 95% CI = 95% confidence interval. The df differ across dependent variables because of missing data. Using the average effect size across comparisons, post-hoc power was estimated at .83.

\*  $p < .05$ .

the results presented in Table 3. The internal consistency reliabilities for eight of the subscales ranged between .77 and .88, with the risk taking subscale having a more modest internal consistency reliability of .59.

From Table 3, significant differences were found for five of the nine subscales ( $p < .05$ ) with one additional subscale showing a modest difference between the two groups. Across all of the subscales with notable differences between the groups, intercollegiate athletes scored higher than the comparison group.

### The Role of Self-Stigma in the Relationship Between Masculinity and Propensity to Seek Help

To test for the mediating effect of self-stigma for the relationship between scores on masculinity and the propensity to seek help, we used Preacher and Hayes's (2004, 2008) approach using PROCESS. This procedure tests the direct effect of masculinity on the propensity to seek help as well as the indirect effect of self-stigma when controlling for depression.<sup>2</sup> The model was significant,  $F(3, 154) = 10.79$  and accounted for 17.36% of the variability in the propensity to seek help. As seen in Figure 1, the direct effect of masculinity on the propensity to seek help when self-stigma was included was not significant. The indirect effect of masculinity on help seeking through self-stigma was significant and produced a point estimate of  $-.041$  with bias-corrected confidence interval of  $-.071$  to  $-.019$ ,  $Z = 3.5$ ,  $p < .001$ . In addition, depression was not a significant predictor in the model. These results suggest that, independent of depression, endorsement of traditional masculine norms predicts less propensity to seek help because of the tendency to self-stigmatize.

### The Role of Self-Compassion in the Propensity to Seek Help

Given the significant difference between the two groups on self-compassion scores, we wanted to examine the impact that self-compassion has on the propensity to seek help. Specifically, we wanted to explore whether self-compassion would moderate the impact of masculinity and group membership on help seeking. We did so by specifying a multiple regression model that included self-compassion scores (centered as recommended by Aiken & West, 1991), the dummy coded grouping variable (where 0 = comparison group and 1 = intercollegiate athletes), and centered

masculinity scores. In this model, we also included all possible two-way interaction terms including Self-Compassion  $\times$  Group, Self-Compassion  $\times$  Masculinity, and Group  $\times$  Masculinity. The overall regression equation was significant,  $F(6, 157) = 4.92$ ,  $p < .001$ , and accounted for 15.8% of the variability in the propensity to seek help. As expected, group membership did predict the propensity to seek help,  $b = -1.37$ ,  $SE = .66$ , 95% CI  $[-2.67, -0.08]$  indicating that intercollegiate athletes were less likely to seek help. Surprisingly, centered self-compassion scores did not significantly contribute to the prediction,  $b = .29$ ,  $SE = .69$ , 95% CI  $[-1.08, 1.65]$  nor did scores on masculinity,  $b = -.03$ ,  $SE = .02$ , 95% CI  $[-.10, .03]$  when controlling for the other variables. The interaction between self-compassion and masculinity was not significant,  $b = .008$ ,  $SE = .03$ , 95% CI  $[-.06, .08]$  indicating that the relationship between masculinity and help seeking did not differ across levels of self-compassion. The interaction between masculinity and group membership was also not significant,  $b = -.01$ ,  $SE = .05$ , 95% CI  $[-.11, .09]$  indicating that the relationship between masculinity and help seeking was the same across groups. Most important, however, is the finding of a significant interaction between group and self-compassion,  $b = 2.15$ ,  $SE = 1.0$ , 95% CI  $[0.18, 4.13]$ .

To disentangle the nature of the interaction, we computed the simple slopes of self-compassion on the propensity to seek help for the two groups. These analyses revealed that for men in the comparison group, scores on self-compassion did not significantly predict the propensity to seek help,  $b = .22$ ,  $SE = .63$ ,  $t(159) = .34$ ,  $p = .73$ . In contrast and as seen in Figure 2, for intercollegiate athletes, higher scores on self-compassion corresponded to a greater propensity to seek help,  $b = 2.5$ ,  $SE = .61$ ,  $t(159) = 4.14$ ,  $p < .001$ .

In sum, our data provide evidence that intercollegiate athletes differ from the comparison group on traditional masculinity and self-compassion. Importantly, we found that masculinity scores predicted more negative attitudes toward seeking help, in part, because of the tendency to self-stigmatize. Key to our study is the finding that self-compassion scores predicted more positive atti-

<sup>2</sup> Including age as a covariate did not change the pattern of significant relationships and was excluded for ease of interpretation and parsimony. Ethnicity was not included as a covariate because of the relative lack of diversity in the sample.

Table 3  
Comparing Masculinity Subscale Scores Across Two Groups

Subscale	Mean (SD)		Difference [95% CI]	<i>t</i> -value ( <i>df</i> )	Cohen's <i>d</i>
	Intercollegiate athletes ( <i>n</i> = 94)	Comparison group ( <i>n</i> = 72)			
Winning	14.27 (2.7)	9.82 (3.92)	4.46 [3.44, 5.48]	8.62 (162)*	1.35
Emotion Control	8.9 (3.08)	7.43 (3.7)	1.47 [.42, 2.51]	2.77 (162)*	.44
Risk taking	7.97 (2.37)	7.99 (2.5)	.02 [−.74, .77]	.05 (163)	.01
Violence	11.13 (3.19)	10.03 (3.79)	1.11 [.03, 2.18]	2.03 (162)*	.32
Power	2.89 (2.05)	1.89 (1.71)	1.01 [.41, 1.61]	3.33 (159)*	.53
Playboy	5.64 (2.48)	4.87 (3.09)	.77 [−.09, 1.63]	1.77 (163)†	.28
Self-reliance	6.56 (2.49)	6.62 (2.88)	.06 [−.77, .89]	.15 (163)	.02
Work	5.69 (2.19)	5.40 (2.45)	.29 [−.43, 1.01]	.80 (162)	.13
Heterosexual	9.13 (3.78)	5.56 (3.51)	3.57 [2.43, 4.72]	6.16 (161)*	.97

Note. 95% CI = 95% confidence interval. The *df* differ across dependent variables because of missing data. Using the average effect size across comparisons, post-hoc power was estimated at .89.  
† *p* < .10. \* *p* < .05.

tudes toward help seeking for intercollegiate athletes but not for the comparison group.

## Discussion

We undertook the present study to gain a better understanding of men's attitudes toward help seeking for mental health issues. As such, three findings are noteworthy including (a) differences between intercollegiate athletes and a comparison group; (b) the inhibitory effect of traditional masculinity on help seeking attitudes; and (c) the moderating effect of self-compassion on the relationship between group membership and help seeking attitudes.

### Differences in Masculinity as a Function of Intercollegiate Sports

Not surprisingly, we found that men who reported being on an intercollegiate sports team at the time of the study differed from men not on such teams. Specifically, intercollegiate athletes were more likely to endorse traditional masculine norms. By using Parent and Moradi's (2009) CMNI, we expected that the sporting arena might promote some aspects of masculinity more so than others. Significant differences between groups occurred for five of the nine subscales with one additional subscale (playboy) approaching significance. Thus, men involved in intercollegiate sports appear to endorse several aspects of masculinity to a greater

extent than men not in intercollegiate sports. Exactly what causes the differences between groups was not addressed in the present study. Some past research has focused on the messages of masculinity conveyed in the sport arena from coaches (e.g., J. A. Steinfeldt et al., 2011) and from peers (e.g., Steinfeldt, Vaughan, LaFollete, & Steinfeldt, 2012). Other research focuses on individual difference factors that predispose men to internalize masculine norms, such as athletic identity (e.g., M. Steinfeldt & Steinfeldt, 2012). Of particular concern with the endorsement of masculine norms is the influence they have on help seeking.

### The Inhibitory Effect of Traditional Masculinity on Help Seeking

Accumulated evidence demonstrates that adherence to masculine norms is associated with less favorable attitudes toward help seeking especially for mental health issues (e.g., Addis & Mahalik, 2003; Galdas et al., 2005; Jeffries & Grogan, 2012; McCusker, & Galupo, 2011; Yousaf et al., 2015; Yousaf, Popat, et al., 2015) and our results add to this literature. Given that attitudes toward help seeking are antithetical to the norms and values associated with masculinity (Addis & Mahalik, 2003), men who endorse traditional masculinity, are less likely to seek help. Our data support this interpretation of the relationship as we found that men who currently played intercollegiate sports, an arena known to facilitate the socialization of men into traditional masculinity, scored higher on masculine norms and reported more negative attitudes toward

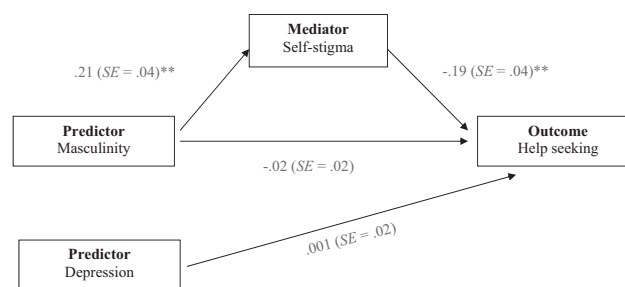


Figure 1. Self-stigma mediating the relationship between masculinity and the propensity to seek help. Values presented are unstandardized regression coefficients. \*\* *p* < .001.

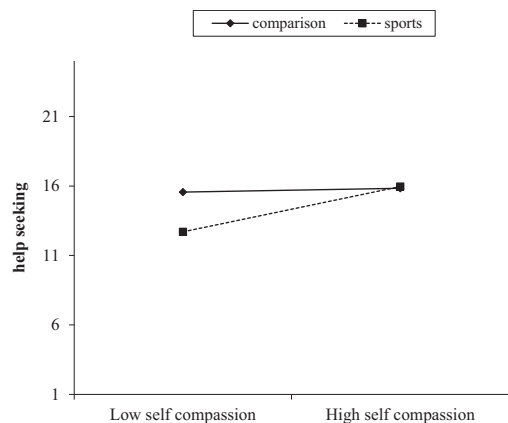


Figure 2. Group membership moderates the impact of self-compassion on the propensity to seek help.

help seeking. Of interest in the present study is our conceptual replication of why traditional masculinity predicts help-seeking attitudes. In line with Vogel et al. (2011), our data show that men who are more likely to adopt traditional masculine norms hold less favorable attitudes toward help seeking because of their tendency to self-stigmatize. This finding leads one to speculate on how to reduce barriers to help seeking. One might target the masculine gender role as conveyed and enacted in the sporting arena and certainly some researchers like and J. A. Steinfeldt and Steinfeldt (2012) advocate education for coaches and players alike on the impact of masculine norms. Other approaches to reducing barriers to help seeking might involve targeting stigmatization such as the “elephant in the room,” a relatively recent campaign by Mood Disorders Society of Canada (2012). Given that public stigmatization precedes self-stigmatization (e.g., Corrigan & Rao, 2012), the effectiveness of these programs should contribute to reducing self-stigma. Corrigan and Rao also advocate interventions that focus on individuals to increase personal empowerment and, given our data, self-compassion interventions might best serve this purpose.

### The Role of Self-Compassion

Critical in the present study is the novel finding that self-compassion appears to be fostered in intercollegiate sports and moderates the relationship between sports and help seeking attitudes. Our data show that men who play on intercollegiate sports teams are higher in self-compassion compared to men not playing on such teams. Moreover, self-compassion was associated with more favorable attitudes toward help seeking for men on teams but it was not associated with help seeking attitudes for the comparison group. Although our data show the benefits of sport for men’s individual psychosocial functioning, how it fosters self-compassion is unclear. We speculate that it is not the collision aspect of the sport but rather the cohesiveness of the team that might promote self-compassion. In other words, the group environment might reinforce men’s sense of community and thus, contribute to a recognition that men are not alone in their emotions particularly those related to wins and losses experienced on the field. Indeed, the concept of sportsmanship explic-

itly incorporates the idea of losing gracefully, if not with self-compassion. Moreover, given the research showing that team sports foster more openness (Kimmel, 2008; J. A. Steinfeldt et al., 2011), it seems likely that self-compassion may arise from this group setting.

One reason why our results regarding the role of self-compassion are important for help seeking concerns interventions. Specifically, whereas one might target traditional masculine norms and stigmatization to promote help seeking, self-compassion is an individual difference variable that is less fixed and more amenable to change. Indeed, a growing literature documents how training sessions modify self-compassion. For example, Neff and Germer (2013) found that changes in self-compassion following a 3-week intervention produced lasting increases in self-compassion. In fact, interventions that foster mindfulness appear to also positively impact self-compassion (e.g., Keng, Smoski, Robins, Ekblad, & Brantley, 2012). Overall, it appears that self-compassion is relatively easily modified making it an attractive intervention when considering men’s propensity to seek help for mental health concerns.

### Limitations

The present study is not without limitations and here we highlight three. First, the convenience sample meant that intercollegiate athletes were older and more homogeneous in terms of sexual orientation than men in the comparison group. Although not examined in the present study, age and ethnicity are known to also impact the internalization of traditional masculinity (Addis & Mahalik, 2003) and future research sampling from more diverse populations would add to our understanding. Second, the cross-sectional design of the present study limits our understanding of the directionality of the relationships uncovered. Although it is likely that intercollegiate sports foster positive benefits like the development of self-compassion, it is possible that increased self-compassion predisposes people to participate in sports. Longitudinal data is needed to help untangle how the relationships come about. Third, we relied on self-reports of attitudes toward help seeking. Despite that attitudes are known predictors of actual behavior (Ajzen & Fishbein, 1980), they are imperfect indicators thereby highlighting the need to incorporate behavioral measures in future research.

### Conclusion

The present study provides evidence that intercollegiate athletes differ from men who do not in important ways and such differences contribute to men’s likelihood to seek help. On the one hand, we found that intercollegiate athletes were more likely to endorse traditional masculine norms and less likely to report favorable attitudes toward seeking help for mental health issues. On the other hand, intercollegiate athletes were more likely to be self-compassionate and this contributed to more favorable help seeking attitudes. Given that this is the first study to demonstrate the interplay between masculinity, and self-compassion in the sporting arena, we believe that it sets the stage for future research to identify pathways to help seeking.



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